PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/549,697			ing Date 19/2005	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	.,,	1	N/A	,,,		
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A			
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	wings exceed 100 ation size fee due ity) for each tion thereof. See 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL			
APPLICATION AS AMENDED – PART II         OTHER THA           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	05/27/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	* 28	Minus	<b></b> 20	= 8		x \$ =		OR	X \$50=	400		
	Independent (37 CFR 1.16(h))	• 4	Minus	***4	= 0	l	x \$ =		OR	X \$210=	0		
	Application Size Fee (37 CFR 1.16(s))								П				
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	400		
		(Column 1)		(Column 2)	(Column 3)				_				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16())		Minus	••	=	l	x \$ =		OR	x \$ =			
N	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x \$ =			
Ä	Application Size Fee (37 CFR 1.16(s))								1				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
									OR	TOTAL ADD'L FEE			
"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20".  "If the "Highest Number Previously Paid For" (To THIS SPACE is less than 20".  "If the "Highest Number Previously Paid Fo													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 16 life (and by the USFTOT to process) an application. Confidentiality is governed by 35 US of .22 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this bruther, about the sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.